

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10624005  
APPLICANT(S)

FILING DATE AA-57

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		3		3		
6	1		1			
7	1		1			
8		1		1		
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TOTAL IND.	5		1			
TOTAL DEP.	7		11			
TOTAL CLAIMS	12		12			

	IND	DEP	IND	DEP	IND	DEP
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